## **Financial Policy for Private Insurance**

Please read carefully and initial the following	ng:		
Most dental insurance policies do NOT cover 100% of the cost of your treatment. We encourage you to think of your insurance as more of a coupon toward your treatment. You will be responsible to pay the deductible, if any, and your co-pay the day service is rendered. We will estimate as closely as possible what your co-pay will be, but until we receive payment from your insurance, it is only an estimate. We will assist you in dealing with the insurance company, but ultimately, the responsibility lies with you. If after 45 days the insurance still has not paid, the balance will be your responsibility and due in full.  If Applicable:  Minor patients must be accompanied by an adult. The parent or legal guardian will be responsible for any payments. For unaccompanied minors, non emergency services will be denied unless charges have been pre-authorized to an approved credit plan, credit card, or payment by cash or check at the time of service.  Missed Appointment Policy			
		a certain given date or they will be at risk of did confirm. We require all patients to give	tments we now require patients to confirm by of losing their appointment to someone who a us 24 hours notice for any cancellation. We wever after the third missed appointment and arge a \$50.00 appointment fee.
		Patient's name	Date
		Signature	——————————————————————————————————————